

**ASSESSMENT WORKSHEET FOR NATURAL RESIDENTIAL SETTING**

\_\_\_\_\_  
Name - SSI Recipient

NOTE: If a person resides with a spouse or is a minor child residing with a legal parent, only services received/needed when the spouse or parent is away from the residence for purposes of employment of which the spouse or parent is physically or mentally incapable of providing count toward the 40-hour requirement (s. 49.77(3s)(b) 1 and 2).

**SUPPORTIVE HOME CARE**

If the person requires the assistance of another person in the following areas, enter the approximate hours per month.

**Care of the Person**

- \_\_\_\_\_ 1. Eating meals
- \_\_\_\_\_ 2. Changing position in bed
- \_\_\_\_\_ 3. Transferring from bed/wheelchair
- \_\_\_\_\_ 4. Using the toilet and/or controlling bladder or bowel
- \_\_\_\_\_ 5. Personal mobility
- \_\_\_\_\_ 6. Bathing, grooming/dressing
- \_\_\_\_\_ 7. Medical support

- \_\_\_\_\_ 8. Planning/accessing leisure time activities
- \_\_\_\_\_ 9. Finance/bill paying
- \_\_\_\_\_ 10. Physically accessing medical care
- \_\_\_\_\_ 11. On-site supervision

**Chore**

- \_\_\_\_\_ 12. Grocery shopping/food preparation/clean-up
- \_\_\_\_\_ 13. Housework/laundry
- \_\_\_\_\_ 14. Yard work/snow shoveling

**Respite**

- \_\_\_\_\_ 15. Respite

**Other**

- \_\_\_\_\_ 16. Other (specify)

\_\_\_\_\_ **TOTAL MONTHLY HOURS OF SHC**

**DAILY LIVING SKILLS TRAINING**

If the person needs training in the following areas, enter the approximate number of hours per month.

- \_\_\_\_\_ 1. Personal hygiene, grooming, and dressing
- \_\_\_\_\_ 2. Planning/preparing food/clean-up
- \_\_\_\_\_ 3. Laundry activities
- \_\_\_\_\_ 4. Housekeeping
- \_\_\_\_\_ 5. Budgeting and/or using the banking system

- \_\_\_\_\_ 6. Purchasing necessities: food/clothes
- \_\_\_\_\_ 7. Socialization skills/leisure activities
- \_\_\_\_\_ 8. Developing appropriate sexual behaviors
- \_\_\_\_\_ 9. Parenting skills/family relationships

- \_\_\_\_\_ 10. Accessing public/private transportation
- \_\_\_\_\_ 11. BIRTH to 3 program for children
- \_\_\_\_\_ 12. Medical support
- \_\_\_\_\_ 13. Consumer training
- \_\_\_\_\_ 14. Other (specify)

\_\_\_\_\_ **TOTAL MONTHLY HOURS OF DLST**

IF THE TOTAL HOURS OF SHC AND DLST NEEDED ARE 40 OR MORE HOURS PER MONTH, THE PERSON IS ELIGIBLE FOR SSI-E.

Keep in agency case file